

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 12/10/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/8/2013  
Date of Injury: 2/27/2004  
IMR Application Received: 8/14/2013  
MAXIMUS Case Number: CM13-0016192

- 1) MAXIMUS Federal Services, Inc. has determined the request for Trazadone 50 mg take one to two Q hs #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10 mg one tablet BID #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Topamax 200 mg take two tablets daily #60 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Trazadone 50 mg take one to two Q hs #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10 mg one tablet BID #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Topamax 200 mg take two tablets daily #60 **is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 53 year old female with a date of injury of 02/27/04. The mechanism of injury is not identified. Her diagnoses include mood disorder, cervical radiculopathy, post cervical laminectomy syndrome, and status post C6-C7 fusion. She is treated with medical therapy including Oxycontin, Trazadone, Lexapro, Flexeril, Topamax, and Senekot. She complains of moderate fatigue and pain in both shoulders and weakness in both arms. The claimant has a chronic pain syndrome and her treating provider has requested Trazadone, Flexeril and Topamax.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Trazadone 50 mg take one to two Q hs #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 16-17, which is part of MTUS.

Rationale for the Decision:

There is documentation provided indicating the employee has sleep issues related to the work injury. The employee also is undergoing treatment for depression related to the chronic pain condition. Trazadone is indicated for the treatment of sleep disorders including insomnia and depression. The medication has anxiolytic and sleep-inducing effects. Given the effectiveness of the medication, medical necessity has been established. **The request for Trazadone 50 mg take one to two Q hs #60 is medically necessary and appropriate.**

**2) Regarding the request for Flexeril 10 mg one tablet BID #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of MTUS.

Rationale for the Decision:

Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of cervical pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. The employee has been treated with multiple medical therapies. Per CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. **The request for Flexeril 10 mg one tablet BID #60 is not medically necessary and appropriate**

**3) Regarding the request for Topamax 200 mg take two tablets daily #60:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 21, which is part of MTUS.

Rationale for the Decision:

Topamax is indicated for the treatment of neuropathic pain. The employee has a post laminectomy syndrome and documented neuropathic pain. Per California MTUS Guidelines the use of anti-epileptic medications for the treatment of neuropathic pain depends on balance between effectiveness and adverse reactions. The documentation indicates the employee has responded to therapy without issues with reported side effects from this treatment. The medical necessity for the treatment has been established. **The request for Topamax 200 mg take two tablets daily #60 is medically necessary and appropriate**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.